



EMPLOYEE EVALUATION

Revised (11/06)

☐ 30 day evaluation

☐ 60 day evaluation

☐ 90 day evaluation

☐ Annual

<i>Employee</i>		
<i>SSN</i>	<i>Department</i>	<i>Hire Date</i>

Please rate the following

	Poor			excellent	
Attendance	1	2	3	4	5
Punctuality	1	2	3	4	5
Follows Directions/Instruction	1	2	3	4	5
Quality of Work	1	2	3	4	5

Please explain any score of 3 or less, and what measures must be taken to improve the employees score.

Strengths

Weakness or deficiencies

- ☐ Recommended for Continue Employment
- ☐ Employee needs improvement to continue employment (for annual evaluation, evaluation will be given in 30, 60, & 90 days)
- ☐ Recommended employee be terminated (only complete on 90 day evaluation)

Completed by: _____
Department Supervisor Signature *date*

Received by: _____
Employee signature *date*

1-original personnel file; 1-copy department supervisor; 1-copy employee